



COMCAST BUSINESS SERVICE ORDER

Company Name:One Potomac Yard

Order #26994665

Service Location:

Address 12777 CRYSTAL DRIVE

Address 212TH FLOOR

CityARLINGTON

StateVA

Zip22202

Primary Contact NameErik Simmons

Primary Contact Phone(b) (6)

Primary Contact Email

Billing Location:

Address 11800 F STREET, NW

Address 2

CityWashington

StateDC

Zip20405

Billing Contact NameErik Simmons

Billing Contact Phone(b) (6)

Billing Contact Email

Service TermMonth To Month

Tax ExemptNo

Service(s)	Qty	Monthly Service Charge ¹	Non-Recurring Charge ²
Business Internet			
Business Internet 300	1	\$	(b) (4)
Equipment Fee	1	\$	
Additional Fees			
Standard Installation Fee	1		
Total Charge for Service Order		\$ 368.40	\$ 99.95

¹ Charges identified in the Service Order Agreement are exclusive of maintenance and repair charges, and applicable federal, state, and local taxes, fees, surcharges and recoupments (however designated).

² Non-Recurring Charges in the Service Order Agreement reflect activation and installation fees for this order. This excludes any custom installation fees.

General Special Instructions

AGREEMENT

1. This Comcast Business Service Order Agreement sets forth the terms and conditions under which Comcast Cable Communications Management, LLC and its operating affiliates ("Comcast") will provide the Services to Customer. This Comcast Business Service Order Agreement consists of this document ("SOA"), the standard Comcast Business Terms and Conditions ("Terms and Conditions"), and any jointly executed amendments ("Amendments") entered under the Agreement. In the event of inconsistency among these documents, precedence will be as follows: (1) Amendments, (2) Terms and Conditions, and (3) this SOA. This Agreement shall commence and become a legally binding agreement upon Customer's execution of the SOA. The Agreement shall terminate as set forth in the Terms and Conditions (<http://business.comcast.com/terms-conditions/index.aspx>). All capitalized terms not defined in this SOA shall reflect the definitions given to them in the Terms and Conditions. Use of the Services is also subject to the then current High-Speed Internet for Business Acceptable Use Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), and the then current High-Speed Internet for Business Privacy Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), both of which Comcast may update from time to time.

2. Each Comcast Business Service ("Service") carries a 30 day money back guarantee. If within the first thirty days following Service activation Customer is not completely satisfied, Customer may cancel Service and Comcast will issue a refund for Service charges actually paid by Customer, custom installation, voice usage charges, and optional service fees excluded. In order to be eligible for the refund, Customer must cancel Service within thirty days of activation and return any Comcast-provided equipment in good working order. In no event shall the refund exceed \$500.00. If you use the service in the first 30 days, you will be refunded your subscription fees, but charged the applicable one-time fee.

3. Customer must provide thirty (30) days' prior notice to Comcast in order to terminate a Service Order or the Agreement. Any termination of a Service Order or the Agreement may be subject to early termination fees in accordance with the Business Services Customer Terms and Conditions.



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Company Name: One Potomac Yard Order # 26994665

4. Modifications: All modifications to the Agreement, if any, must be captured in a written Amendment, executed by an authorized Comcast Senior Vice President and the Customer. All other attempts to modify the Agreement shall be void and non-binding on Comcast. Customer by signing below, agrees and accepts the Terms and Conditions of this Agreement.

CUSTOMER SIGNATURE
By signing below, Customer agrees and accepts the Terms and Conditions of this Agreement. General Terms and Conditions can be found at http://business.comcast.com/terms-conditions/index.aspx
Signature
Name
Title
Date

FOR COMCAST USE ONLY	
Sales Representative	<div>(b)(6)</div>
Sales Representative Code	
Sales Manager Name	
Sales Manager Approval	
Division	
SmartOffice License Number	



COMCAST BUSINESS SERVICE ORDER

Company Name: One Potomac Yard Order # 26994665

BUSINESS INTERNET CONFIGURATION DETAILS

Transfer Existing Comcast.net	<input type="text" value="No"/>	Equipment	<input type="text" value="DOCSIS 3.1 Device"/>
Number of Static Ips	<input type="text" value="0"/>	Business Web	<input type="text" value="No"/>

ORDER FOR SUPPLIES AND SERVICES				REQUISITION/REFERENCE NUMBER EQWPMAB-21-0005		PAGE OF PAGES 1 3	
1. DATE OF ORDER		2. ORDER NUMBER 47PM1020A0003/47PM1021F0028		3. CONTRACT NUMBER 47QSMA19D08QW		4. PDN NUMBER EP-47PM1021F0028	

FOR GOVERNMENT USE ONLY	5. ACCOUNTING AND APPROPRIATION DATA						
	FUND	FUNCTION CODE	B/A CODE	CC-A	C/E CODE	FY	REGION
	CC-B	PROJ./PROS NO.	O/C CODE	ORG. CODE	W/ITEM	PRT./CRFT	

6. TO: CONTRACTOR (Name, address and zip code) Tyson Project Management Group, LLC 1220 12th Street SE Suite G80 Washington, DC 20003-3732 USA CAGE Code: 5EPQ6	7. TYPE OF ORDER A. <input type="checkbox"/> PURCHASE Please furnish the following on the terms and conditions specified on the order and the attached sheets, if any, including delivery as indicated. B. <input type="checkbox"/> DELIVERY (For Supplies) This delivery order is issued subject to the terms and conditions of the above numbered contract. C. <input checked="" type="checkbox"/> TASK ORDER (For Services) This task order is issued subject to the terms and conditions of the above numbered contract.
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8A. Data Universal Numbering System (DUNS) Number 830222209	8B. Taxpayer Identification Number (TIN)	D. MODIFICATION NUMBER AUTHORITY FOR ISSUING Except as provided herein, all terms and conditions of the original order, as heretofore mentioned, remain unchanged.
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9A. BUSINESS CLASSIFICATION		9B. START DATE: 1/29/2021	9C. COMPLETION DATE: 2/5/2021
<input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. SMALL DISADVANTAGED <input type="checkbox"/> d. WOMAN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL <input type="checkbox"/> g. VETERAN <input type="checkbox"/> h. SERVICE DISABLED VETERAN			

10. ISSUING OFFICE (Address, Zip Code, and Telephone Number) GSA, PBS R11 Office of Acquisition Special Programs Division-White House 1800 F St. NW, 4th Floor Washington, DC 20405 USA	11. REMITTANCE ADDRESS (MANDATORY) TPM GROUP 1220 12TH STREET NE SUITE G80 WASHINGTON, DC 20003	12. SHIP TO (Consignee Address, Zip Code and Telephone Number)
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13. PLACE OF INSPECTION AND ACCEPTANCE ONE POTOMAC YARD 2777 CRYSTAL DRIVE ARLINGTON, VA 22202		14. REQUISITION OFFICE (Name, Symbol and Telephone Number) WPMAB	
15. F.O.B. POINT	16. GOVERNMENT B/L NUMBER	17. DELIVERY F.O.B. POINT	18. PAYMENT/DISCOUNT TERMS SB15/NONE

19. SCHEDULE					
ITEM NUMBER (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	See below for additional information				

20. RECEIVING OFFICE (Name, Symbol and Telephone Number)				TOTAL FROM 300-A(s)	▶	\$18,189.00	
21. MAIL INVOICE TO: (Electronic Invoice Preferred) GENERAL SERVICES ADMINISTRATION BCFA PBS Payments Branch P.O. Box 17181 Ft. Worth, TX 76102-0181				22. GROSS SHIP WEIGHT		▶	\$18,189.00
				23. SHIPPING POINT			
24A. FOR INQUIRIES REGARDING PAYMENT CONTACT: brittany.pickeral@gsa.gov				24B. TELEPHONE NUMBER (b) (6)			

25A. NAME AND TITLE OF OFFEROR/CONTRACTOR Lincoln Tyson, Principal	26A. UNITED STATES OF AMERICA (NAME OF CONTRACTING/ORDERING OFFICER) Brittany Pickeral	25C. DATE SIGNED 1/29/2021	26B. SIGNATURE	26C. DATE SIGNED 1/29/2021
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(b) (6)

GSA 300 (REV. 5/2010)

GSA300 List of Accounting Strings

Accounting String	Amount Obligated
EP-47PM1021F0028.2021.108.00.S00U0100.GT20.GT000.H02.YPTOUTPR.....	\$5,456.70
EP-47PM1021F0028.2021.108.00.S00U0100.GT20.GT000.H02.YPTOUTVP.....	\$12,732.30

ORDER FOR SUPPLIES AND SERVICES (Continuation)**THIS NUMBER MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER****PAGE 3
OF
PAGES 3**PDN NUMBER
EP-47PM1021F0028DATE
1/29/2021ORDER NUMBER
47PM1020A0003/47PM1021F0028

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Office Furniture Move/relocation - OFP Office Furniture Relocation Move for Outgoing Transition customers: Office of Former President Relocation of desks, tables, chairs, sofa, locking cabinet, metal shelving units Deliverable PSC: S215 -- HOUSEKEEPING- WAREHOUSING/STORAGE Contract Type: Firm Fixed Price EP-47PM1021F0028.2021.108.00.S00U0100.GT20.GT000.H02.YPTOUTPR..... Obligated: \$5,456.70 PoP: 01/29/2021 - 02/05/2021 Place of Performance: DC0031ZZ GSA-ROB 301 7TH ST SW WASHINGTON, DC 20024-0001	1	EA	\$5,456.70	\$5,456.70
0002	Office Furniture Move/relocation for OFVP Office Furniture Relocation Move for Outgoing Transition customers: Office of Former Vice President Items to include: Refrigerators, tables, chairs, desks, waste bins, coffee tables, executive furniture, file cabinets, credenzas, bookshelves Deliverable PSC: S215 -- HOUSEKEEPING- WAREHOUSING/STORAGE Contract Type: Firm Fixed Price EP-47PM1021F0028.2021.108.00.S00U0100.GT20.GT000.H02.YPTOUTVP..... Obligated: \$12,732.30 PoP: 01/29/2021 - 02/05/2021 Place of Performance: DC0031ZZ GSA-ROB 301 7TH ST SW WASHINGTON, DC 20024-0001	1	EA	\$12,732.30	\$12,732.30

Enterprise Service Order



Prepared By (b) (6)
Created Date 2/8/2021

Account Contact Information

Account Name	GSA Presidential Transition Team	Contact Name	Cheryl Williams
Bill To	1800 F St NW Washington, DC 20650 US	Phone	(b) (6)
		Email	cheryl.d.williams@gsa.gov
Industry	Federal Government		

Product	Locations / Quantity	Monthly Fee (per location) / Price	Purchase Type	Total
Enterprise Premier Plan with 25 users GSA 30.21 (Distributed)	(4)		Monthly Service Fee	\$60.42

Billing Information

Service Fee Payment Method	Credit Card - Local Billing	Notes	Stamps.com GSA Enterprise Premier Plan, complimentary supplies include: two 70 lbs. scales, two 5 sheet packs of NetStamps (250 stamps labels), and shipping labels (50). Will work with USPS to provide GSA Schedule 48 postage pricing.
Supplies Payment Method	Credit Card - Local Billing		
Postage Payment Method	Credit Card - Local Billing		
Billing Frequency	Monthly	Billing Information	* Stamps.com begins charging service fees 5 days after the account is activated. The prorated monthly fees for your first month of service will appear on your initial invoice. Note: The user will receive email notification from Stamps.com when their account has been activated.
Term (Months)	Month-To-Month		

For your security, please do not email credit card or ACH information. Submit via the secure fax number on the provided form.

Authorization

By completing this form, you agree to terms and conditions of the Stamps.com Enterprise service terms set forth at <http://www.stamps.com/enterprise/service-terms> including but not limited to authorizing Stamps.com to collect amounts from the payment methods selected above for service provided (e. g. Postage Purchases, Service Fees and any additional fees). You understand that there is a periodic charge that will be made according to your billing cycle, and that to terminate this recurring billing you must either cancel your account or arrange for an alternative method of payment. You also agree to allow Stamps.com Inc. to confirm the accuracy of the information you entered on this form with your bank.

You acknowledge that you are the owner or authorized signer on the account information entered on this form.

Print Name

Signature of Account Administrator

Date

REQUISITION/ PROCUREMENT REQUEST FOR EQUIPMENT SUPPLIES OR SERVICES <i>(Instructions on reverse)</i>					PAGE 1 OF 1 PAGES		
2. REQUISITION/PROCUREMENT REQUEST NO. OTG08-901779-903029-XERO		3. ACT NUMBER CREDIT CARD		4. DATE PREPARED 02/01/2021		5. JOB/PROJECT NUMBER 901779/903029	
6. TO (Stockroom/Contracting office, Name and Location) XEROX EQUIPMENT RELOCATION 800.979.7356				7. FROM (Requisitioning office, Name, Symbol, Location and Telephone Number) PRESIDENTIAL TRANSITION SUPPORT TEAM			
8. FOR INFORMATION CALL (Name and Telephone Number) ERIK SIMMONS - (b) (6)				9. RECEIVING OFFICE (Name, Symbol and Telephone Number) OUTGOING TRANSITION TEAM			
10. ACCOUNTING CLASSIFICATION				11. SHIP TO (Address, ZIP Code and Telephone Number)			
FUND 108	ORG. CODE S00U0100	B/A CODE GT20	O/C CODE	ONE POTOMAC YARD 2777 CRYSTAL DRIVE 12TH FLOOR ARLINGTON, VA 22202			
FUNC CODE GT000	C/E CODE K07	PROJ/POS. NO.	CC-A				
W/ITEM	CC-B	PRT/CRFT OFF/OFVP					
				12. CONTRACT NUMBER			
ITEM NO. FORM OR STOCK NUMBER (13)		DESCRIPTIONS OF ARTICLES OR SERVICES (14)		QUAN-TITY (15)	UNIT OF ISSUE (16)	UNIT PRICE (17)	AMOUNT (18)
XEROX COPIER RELOCATION		XEROX 7970PG - S#: B0W174654 QT 901779		1	EA	\$(b) (4)	\$(b) (4)
XEROX COPIER RELOCATION		XEROX 7970PG - S#: B0W174633 QT 903029 TRANSFER COPIER/EQUIPMENT FROM: 1800 F STREET, NW, WDC 20405 TO 2777 CRYSTAL DR, 12TH FL, ARLINGTON VA		1	EA	\$(b) (4)	\$(b) (4)
IF ADDITIONAL SPACE IS REQUIRED, USE GSA FROM 49A, REQUISITION/PROCUREMENT REQUEST				19. TOTAL AMOUNT INCLUDING CONTINUATION		\$567.00	
20a. TYPED NAME AND TITLE OF FUND CERTIFYING OFFICIAL				21a. TYPED NAME OR REQUISITIONER CHERYL D. WILLIAMS			
20b. SIGNATURE		DATE		21b. SIGNATURE CHERYL WILLIAMS		DATE	
22. LIST ATTACHMENTS				23a. TYPED NAME OF APPROVING OFFICIAL			
				23b. SIGNATURE			
				DATE			
				24. SHIPPED BY <input type="checkbox"/> FREIGHT <input type="checkbox"/> PARCEL POST <input type="checkbox"/> EXPRESS <input type="checkbox"/> MAIL			
				25. FILLED BY		26. PACKED BY	
				27. CHECKED BY			
				28. BILL OF LADING NUMBER		29. DATE SHIPPED	

INSTRUCTIONS FOR PREPARATION OF (GSA FORM 49)

GENERAL. The GSA Form 49, Requisition/Procurement Request for Equipment, Supplies or Services, must be used as the basic procurement request form when requisitioning supplies not available from customer Supply Centers, equipment, services (including architect-engineer and other related services) and construction (see GSA Handbook, Preparing Procurement Request and Receiving Reports, APD P 2800.14). The GSA form 49 ,Must also be used to requisition forms and publications for the GSA National Forms and Publication Center. The GSA Form 49 is not to be used as a printing requisition or to order motor vehicles from the Federal Supply service Automotive Commodity Center. Use GSA Form 50, Requisition for Reproduction Services, to order printing services and GSA Form 1781, Motor Vehicle Requisition, to order motor vehicles.

REQUISITION/ PROCUREMENT REQUEST IDENTIFICATION NUMBER. All procurement request submitted to a contracting office must be assigned a number for identification purposes. The number used may be the ACT number (block 3) or a requisition/procurement request number (block 2). Assignment of a identification number is optional for requisitions for forms, publications and telephone service.

COPIES. Procurement request must be prepared in an original and two copies, unless otherwise specified by the contracting office. The original and one copy must be forwarded to the appropriate contracting office and one copy will be retained by the program office. The number of copies of other requisitions will be as prescribed by the office receiving the GSA Form 49.

INSTRUCTIONS FOR COMPLETING THE BLOCK: The numbered blocks will be completed as described below:

1. Enter the total number of pages in the requisition/procurement request.
2. Enter the number assigned by the requisitioning office. Procurement request numbers, if assigned, must be numbered consecutively by fiscal year and consist of the requisitioner's office symbol, fiscal year and a number, e.g. V-88-1, V-88-2. completion of this block is optional.
3. Assign an Accounting control Transaction (ACT) number in accordance with NJEAR system procedures.
4. Enter the date on which the requisition/procurement request is prepared.
5. where appropriate, enter the job/project number (or title if necessary for identification) of the job/project to be charged for the requisition/procurement.
6. Enter the organization title, office symbol, and location of the appropriate office.
7. Enter the organizational title, office symbol, location, and telephone number of the requisitioning office.
8. Enter the name and telephone number of the person who can furnish additional information concerning the requisition/procurement request.
9. Enter the name, office symbol and telephone number of the office responsible for completing the receiving reports.

10. Enter the accounting classification against which the requisition/procurement request will be charged. If multiple accounting classification are required, the information should be entered in blocks 13 through 18 or on the GSA Form 49A, Requisition/Procurement Request for Equipment, Supplies or Services (Continuation).

11. Enter the address, including room number, where applicable, building and telephone number to which the items are to be delivered. Whenever appropriate, use GENERAL SERVICE ADMINISTRATION and an office symbol as the first line of the address.

12. Fill in this block only if a procurement request is requesting the exercise of an option, a contract modification, or an order against an existing contract. Enter the number of the existing contract.

13. List one number for each line item requisitioned whether the line is a single item, or a quantity of that item. Indicate the appropriate stock number, if any.

14. If a stock number has been entered in block 13, enter only the noun name of the item being requisitioned. Otherwise, described clearly and fully the supplies or services being requisitioned. Include any special requirements or restrictions and required justifications i this block. If address and telephone number. If more space is needed, types across the full page in the space available in blocks 13 through 18 or on GSA Form 49A.

15. Enter the quantity of units for each item number.

16. Describe the type of unit, e.g., dozen, square foot, manhour.

17. Enter the unit price for each unit described.

18. Enter the estimated price for total number of units requested.

19. Enter the estimated price for ALL items requisitioned.

20. Enter the name, title and office symbol of the official who is authorized to certify the availability of funds\ and the correctness of financial data in block A. The official must sign in block B.

21. Enter the name, title and office symbol of the originator of the requisition/procurement request in block A. The named official must sign in block B.

22. Briefly list all attachments to the GSA Form 49.

23. Enter name, title and office symbol of the official approving the requisition/procurement request, as required by office policy, e.g., supervisor, branch chief, director, in block A. The named official must sign in block B.

24-29. Personnel from the GSA National Forms and publications Center will complete these blocks. Not applicable to procurement request.

REQUISITION/ PROCUREMENT REQUEST FOR EQUIPMENT SUPPLIES OR SERVICES (Instructions on reverse)					PAGE 1 OF 1 PAGES		
2. REQUISITION/PROCUREMENT REQUEST NO. OTG04-0202210-GOTOMTG		3. ACT NUMBER CREDIT CARD		4. DATE PREPARED 02/02/2021		5. JOB/PROJECT NUMBER	
6. TO (Stockroom/Contracting office, Name and Location) GO TO MEETING gotomeeting.com 866.890.8931				7. FROM (Requisitioning office, Name, Symbol, Location and Telephone Number) PRESIDENTIAL TRANSITION SUPPORT TEAM			
8. FOR INFORMATION CALL (Name and Telephone Number) Cheryl D Williams - (b) (6) cheryl.d.williams@gsa.gov				9. RECEIVING OFFICE (Name, Symbol and Telephone Number) OUTGOING TRANSITION TEAM			
10. ACCOUNTING CLASSIFICATION				11. SHIP TO (Address, ZIP Code and Telephone Number)			
FUND 108		ORG. CODE S00U0100		B/A CODE GT20		O/C CODE	
FUNC CODE GT000		C/E CODE		PROJ/POS. NO.		CC-A	
W/ITEM		CC-B		PRT/CRFT OFF/OFVP		12. CONTRACT NUMBER	
ITEM NO. FORM OR STOCK NUMBER (13)		DESCRIPTIONS OF ARTICLES OR SERVICES (14)		QUAN-TITY (15)	UNIT OF ISSUE (16)	UNIT PRICE (17)	AMOUNT (18)
MEETING PLATFORM		GO TO MEETING PROFESSIONAL		1	MO	\$(b) (4)	\$84.00
IF ADDITIONAL SPACE IS REQUIRED, USE GSA FROM 49A, REQUISITION/PROCUREMENT REQUEST				19. TOTAL AMOUNT INCLUDING CONTINUATION		\$84.00	
20a. TYPED NAME AND TITLE OF FUND CERTIFYING OFFICIAL				21a. TYPED NAME OR REQUISITIONER CHERYL D. WILLIAMS			
20b. SIGNATURE		DATE		21b. SIGNATURE CHERYL WILLIAMS		DATE	
22. LIST ATTACHMENTS				23a. TYPED NAME OF APPROVING OFFICIAL			
				23b. SIGNATURE			
				DATE			
				24. SHIPPED BY <input type="checkbox"/> FREIGHT <input type="checkbox"/> PARCEL POST <input type="checkbox"/> EXPRESS <input type="checkbox"/> MAIL			
				25. FILLED BY		26. PACKED BY	
				27. CHECKED BY		28. BILL OF LADING NUMBER	
				29. DATE SHIPPED			

INSTRUCTIONS FOR PREPARATION OF (GSA FORM 49)

GENERAL. The GSA Form 49, Requisition/Procurement Request for Equipment, Supplies or Services, must be used as the basic procurement request form when requisitioning supplies not available from customer Supply Centers, equipment, services (including architect-engineer and other related services) and construction (see GSA Handbook, Preparing Procurement Request and Receiving Reports, APD P 2800.14). The GSA form 49 must also be used to requisition forms and publications for the GSA National Forms and Publication Center. The GSA Form 49 is not to be used as a printing requisition or to order motor vehicles from the Federal Supply service Automotive Commodity Center. Use GSA Form 50, Requisition for Reproduction Services, to order printing services and GSA Form 1781, Motor Vehicle Requisition, to order motor vehicles.

REQUISITION/ PROCUREMENT REQUEST IDENTIFICATION NUMBER. All procurement request submitted to a contracting office must be assigned a number for identification purposes. The number used may be the ACT number (block 3) or a requisition/procurement request number (block 2). Assignment of a identification number is optional for requisitions for forms, publications and telephone service.

COPIES. Procurement request must be prepared in an original and two copies, unless otherwise specified by the contracting office. The original and one copy must be forwarded to the appropriate contracting office and one copy will be retained by the program office. The number of copies of other requisitions will be as prescribed by the office receiving the GSA Form 49.

INSTRUCTIONS FOR COMPLETING THE BLOCK: The numbered blocks will be completed as described below:

1. Enter the total number of pages in the requisition/procurement request.
2. Enter the number assigned by the requisitioning office. Procurement request numbers, if assigned, must be numbered consecutively by fiscal year and consist of the requisitioner's office symbol, fiscal year and a number, e.g. V-88-1, V-88-2. completion of this block is optional.
3. Assign an Accounting control Transaction (ACT) number in accordance with NJEAR system procedures.
4. Enter the date on which the requisition/procurement request is prepared.
5. where appropriate, enter the job/project number (or title if necessary for identification) of the job/project to be charged for the requisition/procurement.
6. Enter the organization title, office symbol, and location of the appropriate office.
7. Enter the organizational title, office symbol, location, and telephone number of the requisitioning office.
8. Enter the name and telephone number of the person who can furnish additional information concerning the requisition/procurement request.
9. Enter the name, office symbol and telephone number of the office responsible for completing the receiving reports.

10. Enter the accounting classification against which the requisition/procurement request will be charged. If multiple accounting classification are required, the information should be entered in blocks 13 through 18 or on the GSA Form 49A, Requisition/Procurement Request for Equipment, Supplies or Services (Continuation).

11. Enter the address, including room number, where applicable, building and telephone number to which the items are to be delivered. Whenever appropriate, use GENERAL SERVICE ADMINISTRATION and an office symbol as the first line of the address.

12. Fill in this block only if a procurement request is requesting the exercise of an option, a contract modification, or an order against an existing contract. Enter the number of the existing contract.

13. List one number for each line item requisitioned whether the line is a single item, or a quantity of that item. Indicate the appropriate stock number, if any.

14. If a stock number has been entered in block 13, enter only the noun name of the item being requisitioned. Otherwise, described clearly and fully the supplies or services being requisitioned. Include any special requirements or restrictions and required justifications in this block. If address and telephone number. If more space is needed, types across the full page in the space available in blocks 13 through 18 or on GSA Form 49A.

15. Enter the quantity of units for each item number.

16. Describe the type of unit, e.g., dozen, square foot, manhour.

17. Enter the unit price for each unit described.

18. Enter the estimated price for total number of units requested.

19. Enter the estimated price for ALL items requisitioned.

20. Enter the name, title and office symbol of the official who is authorized to certify the availability of funds and the correctness of financial data in block A. The official must sign in block B.

21. Enter the name, title and office symbol of the originator of the requisition/procurement request in block A. The named official must sign in block B.

22. Briefly list all attachments to the GSA Form 49.

23. Enter name, title and office symbol of the official approving the requisition/procurement request, as required by office policy, e.g., supervisor, branch chief, director, in block A. The named official must sign in block B.

24-29. Personnel from the GSA National Forms and publications Center will complete these blocks. Not applicable to procurement request.

REQUISITION/ PROCUREMENT REQUEST FOR EQUIPMENT SUPPLIES OR SERVICES <i>(Instructions on reverse)</i>					PAGE OF 1 1 PAGES		
2. REQUISITION/PROCUREMENT REQUEST NO. OTG10-20821-STAMPS.COM		3. ACT NUMBER		4. DATE PREPARED 02/08/2021		5. JOB/PROJECT NUMBER	
6. TO (Stockroom/Contracting office, Name and Location) STAMPS.COM				7. FROM (Requisitioning office, Name, Symbol, Location and Telephone Number) Presidential Transition Support Team Washington DC 20405			
8. FOR INFORMATION CALL (Name and Telephone Number) Cheryl D Williams (b) (6) cheryl.d.williams@gsa.gov				9. RECEIVING OFFICE (Name, Symbol and Telephone Number) Outgoing Transition Team			
10. ACCOUNTING CLASSIFICATION				11. SHIP TO (Address, ZIP Code and Telephone Number)			
FUND	ORG. CODE	B/A CODE	O/C CODE	ONLINE ACCESS: 2777 Crystal Drive, 12th Floor, Arlington, VA 22202 136 Woodbridge Road, Palm Beach, FL 33480			
FUNC CODE	C/E CODE	PROJ/POS. NO.	CC-A				
W/ITEM	CC-B	PRT/CRFT					
				12. CONTRACT NUMBER			
ITEM NO. FORM OR STOCK NUMBER (13)		DESCRIPTIONS OF ARTICLES OR SERVICES (14)		QUAN- TITY (15)	UNIT OF ISSUE (16)	UNIT PRICE (17)	AMOUNT (18)
		Enterprise Mail services					
		Monthly Rate for USPS Postage, scales, supply					
		Office of Former President		1	ea	\$(b) (4)	\$(b) (4)
		Office of Former Vice President-6 months ONLY		1	ea	\$(b) (4)	\$(b) (4)
IF ADDITIONAL SPACE IS REQUIRED, USE GSA FROM 49A, REQUISITION/PROCUREMENT REQUEST				19. TOTAL AMOUNT INCLUDING CONTINUATION		\$60.42	
20a. TYPED NAME AND TITLE OF FUND CERTIFYING OFFICIAL				21a. TYPED NAME OR REQUISITIONER Cheryl D Williams			
20b. SIGNATURE		DATE		21b. SIGNATURE CHERYL WILLIAMS		DATE	
22. LIST ATTACHMENTS				23a. TYPED NAME OF APPROVING OFFICIAL			
				23b. SIGNATURE			
				DATE			
				24. SHIPPED BY <input type="checkbox"/> FREIGHT <input type="checkbox"/> PARCEL POST <input type="checkbox"/> EXPRESS <input type="checkbox"/> MAIL			
				25. FILLED BY		26. PACKED BY	
				27. CHECKED BY			
				28. BILL OF LADING NUMBER		29. DATE SHIPPED	

INSTRUCTIONS FOR PREPARATION OF (GSA FORM 49)

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6. Enter the organization title, office symbol, and location of the appropriate office.
7. Enter the organizational title, office symbol, location, and telephone number of the requisitioning office.
8. Enter the name and telephone number of the person who can furnish additional information concerning the requisition/procurement request.
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10. Enter the accounting classification against which the requisition/procurement request will be charged. If multiple accounting classification are required, the information should be entered in blocks 13 through 18 or on the GSA Form 49A, Requisition/Procurement Request for Equipment, Supplies or Services (Continuation).

11. Enter the address, including room number, where applicable, building and telephone number to which the items are to be delivered. Whenever appropriate, use GENERAL SERVICE ADMINISTRATION and an office symbol as the first line of the address.

12. Fill in this block only if a procurement request is requesting the exercise of an option, a contract modification, or an order against an existing contract. Enter the number of the existing contract.

13. List one number for each line item requisitioned whether the line is a single item, or a quantity of that item. Indicate the appropriate stock number, if any.

14. If a stock number has been entered in block 13, enter only the noun name of the item being requisitioned. Otherwise, described clearly and fully the supplies or services being requisitioned. Include any special requirements or restrictions and required justifications in this block. If address and telephone number. If more space is needed, types across the full page in the space available in blocks 13 through 18 or on GSA Form 49A.

15. Enter the quantity of units for each item number.

16. Describe the type of unit, e.g., dozen, square foot, manhour.

17. Enter the unit price for each unit described.

18. Enter the estimated price for total number of units requested.

19. Enter the estimated price for ALL items requisitioned.

20. Enter the name, title and office symbol of the official who is authorized to certify the availability of funds and the correctness of financial data in block A. The official must sign in block B.

21. Enter the name, title and office symbol of the originator of the requisition/procurement request in block A. The named official must sign in block B.

22. Briefly list all attachments to the GSA Form 49.

23. Enter name, title and office symbol of the official approving the requisition/procurement request, as required by office policy, e.g., supervisor, branch chief, director, in block A. The named official must sign in block B.

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REQUISITION/ PROCUREMENT REQUEST FOR EQUIPMENT SUPPLIES OR SERVICES <i>(Instructions on reverse)</i>					PAGE 1 OF 2 PAGES		
2. REQUISITION/PROCUREMENT REQUEST NO. OTG05OFVP-101019-DAMILIC		3. ACT NUMBER N/A		4. DATE PREPARED 02/11/2021		5. JOB/PROJECT NUMBER 101019	
6. TO (Stockroom/Contracting office, Name and Location) DAMILIC CORPORATION 601-7 DOVER ROAD ROCKVILLE, MD 20850				7. FROM (Requisitioning office, Name, Symbol, Location and Telephone Number) PRESIDENTIAL TRANSITION SUPPORT TEAM WASHINGTON, DC			
8. FOR INFORMATION CALL (Name and Telephone Number) Cheryl Williams (b) (6) cheryl.d.williams@gsa.gov				9. RECEIVING OFFICE (Name, Symbol and Telephone Number) OUTGOING TRANSITION TEAM WASHINGTON, DC			
10. ACCOUNTING CLASSIFICATION				11. SHIP TO (Address, ZIP Code and Telephone Number)			
FUND	ORG. CODE	B/A CODE	O/C CODE	ONE POTOMAC WAY 2777 CRYSTAL WA 12TH FLOOR ARLINGTON, VA 22202			
FUNC CODE	C/E CODE	PROJ/POS. NO.	CC-A				
W/ITEM	CC-B	PRT/CRFT					
				12. CONTRACT NUMBER			
ITEM NO. FORM OR STOCK NUMBER (13)		DESCRIPTIONS OF ARTICLES OR SERVICES (14)		QUAN-TITY (15)	UNIT OF ISSUE (16)	UNIT PRICE (17)	AMOUNT (18)
		MACHINE RENTAL - 6 MONTHS		1	MO	(b) (4)	(b) (4)
		MEMORY CARD W/SIGNATURE		1	MO	(b) (4)	(b) (4)
		SIGNATURE FILE FOR MEMORY CARD		1	MO	(b) (4)	(b) (4)
		DELIVERY		1	EA	(b) (4)	(b) (4)
IF ADDITIONAL SPACE IS REQUIRED, USE GSA FROM 49A, REQUISITION/PROCUREMENT REQUEST				19. TOTAL AMOUNT INCLUDING CONTINUATION		\$1,462.23	
20a. TYPED NAME AND TITLE OF FUND CERTIFYING OFFICIAL				21a. TYPED NAME OR REQUISITIONER CHERYL D. WILLIAMS			
20b. SIGNATURE		DATE		21b. SIGNATURE CHERYL WILLIAMS		DATE	
22. LIST ATTACHMENTS				23a. TYPED NAME OF APPROVING OFFICIAL			
				23b. SIGNATURE			
				DATE			
				24. SHIPPED BY <input type="checkbox"/> FREIGHT <input type="checkbox"/> PARCEL POST <input type="checkbox"/> EXPRESS <input type="checkbox"/> MAIL			
				25. FILLED BY		26. PACKED BY	
				27. CHECKED BY			
				28. BILL OF LADING NUMBER		29. DATE SHIPPED	

INSTRUCTIONS FOR PREPARATION OF (GSA FORM 49)

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REQUISITION/ PROCUREMENT REQUEST IDENTIFICATION NUMBER. All procurement request submitted to a contracting office must be assigned a number for identification purposes. The number used may be the ACT number (block 3) or a requisition/procurement request number (block 2). Assignment of a identification number is optional for requisitions for forms, publications and telephone service.

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2. Enter the number assigned by the requisitioning office. Procurement request numbers, if assigned, must be numbered consecutively by fiscal year and consist of the requisitioner's office symbol, fiscal year and a number, e.g. V-88-1, V-88-2. completion of this block is optional.
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6. Enter the organization title, office symbol, and location of the appropriate office.
7. Enter the organizational title, office symbol, location, and telephone number of the requisitioning office.
8. Enter the name and telephone number of the person who can furnish additional information concerning the requisition/procurement request.
9. Enter the name, office symbol and telephone number of the office responsible for completing the receiving reports.

10. Enter the accounting classification against which the requisition/procurement request will be charged. If multiple accounting classification are required, the information should be entered in blocks 13 through 18 or on the GSA Form 49A, Requisition/Procurement Request for Equipment, Supplies or Services (Continuation).

11. Enter the address, including room number, where applicable, building and telephone number to which the items are to be delivered. Whenever appropriate, use GENERAL SERVICE ADMINISTRATION and an office symbol as the first line of the address.

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13. List one number for each line item requisitioned whether the line is a single item, or a quantity of that item. Indicate the appropriate stock number, if any.

14. If a stock number has been entered in block 13, enter only the noun name of the item being requisitioned. Otherwise, described clearly and fully the supplies or services being requisitioned. Include any special requirements or restrictions and required justifications in this block. If address and telephone number. If more space is needed, types across the full page in the space available in blocks 13 through 18 or on GSA Form 49A.

15. Enter the quantity of units for each item number.

16. Describe the type of unit, e.g., dozen, square foot, manhour.

17. Enter the unit price for each unit described.

18. Enter the estimated price for total number of units requested.

19. Enter the estimated price for ALL items requisitioned.

20. Enter the name, title and office symbol of the official who is authorized to certify the availability of funds and the correctness of financial data in block A. The official must sign in block B.

21. Enter the name, title and office symbol of the originator of the requisition/procurement request in block A. The named official must sign in block B.

22. Briefly list all attachments to the GSA Form 49.

23. Enter name, title and office symbol of the official approving the requisition/procurement request, as required by office policy, e.g., supervisor, branch chief, director, in block A. The named official must sign in block B.

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REQUISITION/ PROCUREMENT REQUEST FOR EQUIPMENT SUPPLIES OR SERVICES <i>(Instructions on reverse)</i>					PAGE 1 OF 1 PAGES		
2. REQUISITION/PROCUREMENT REQUEST NO. OTG200FPPB-030321LW2		3. ACT NUMBER		4. DATE PREPARED 03/05/2021		5. JOB/PROJECT NUMBER 030321LW2	
6. TO (Stockroom/Contracting office, Name and Location) CORT FURNITURE			7. FROM (Requisitioning office, Name, Symbol, Location and Telephone Number) PRESIDENTIAL TRANSITION TEAM WASHINGTON DC 20405				
8. FOR INFORMATION CALL (Name and Telephone Number) Cheryl D Williams (b) (6) cheryl.d.williams@gsa.gov			9. RECEIVING OFFICE (Name, Symbol and Telephone Number) OUTGOING TRANSITION WASHINGTON DC 20405				
10. ACCOUNTING CLASSIFICATION			11. SHIP TO (Address, ZIP Code and Telephone Number)				
FUND	ORG. CODE	B/A CODE	O/C CODE	1100 S. OCEAN BLVD PALM BEACH, FL 33480			
FUNC CODE	C/E CODE	PROJ/POS. NO.	CC-A				
W/ITEM	CC-B	PRT/CRFT					
			12. CONTRACT NUMBER				
ITEM NO. FORM OR STOCK NUMBER (13)		DESCRIPTIONS OF ARTICLES OR SERVICES (14)		QUAN-TITY (15)	UNIT OF ISSUE (16)	UNIT PRICE (17)	AMOUNT (18)
		RETURN PICK UP: TRAINING TABLES, WHITE LAMINATE 6 TABLES & 6 SETS OF TABLE LEGS		1	EA	\$250.00	\$250.00
IF ADDITIONAL SPACE IS REQUIRED, USE GSA FROM 49A, REQUISITION/PROCUREMENT REQUEST				19. TOTAL AMOUNT INCLUDING CONTINUATION		\$250.00	
20a. TYPED NAME AND TITLE OF FUND CERTIFYING OFFICIAL			21a. TYPED NAME OR REQUISITIONER CHERYL D. WILLIAMS				
20b. SIGNATURE		DATE	21b. SIGNATURE CHERYL WILLIAMS		DATE		
22. LIST ATTACHMENTS			23a. TYPED NAME OF APPROVING OFFICIAL				
			23b. SIGNATURE		DATE		
			24. SHIPPED BY <input type="checkbox"/> FREIGHT <input type="checkbox"/> PARCEL POST <input type="checkbox"/> EXPRESS <input type="checkbox"/> MAIL				
			25. FILLED BY		26. PACKED BY		
			27. CHECKED BY				
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REQUISITION/ PROCUREMENT REQUEST FOR EQUIPMENT SUPPLIES OR SERVICES (Instructions on reverse)					PAGE 1 OF 2 PAGES						
2. REQUISITION/PROCUREMENT REQUEST NO. OTG110FP-2102021-EWS		3. ACT NUMBER N/A		4. DATE PREPARED 02/10/2021		5. JOB/PROJECT NUMBER					
6. TO (Stockroom/Contracting office, Name and Location) ENHANCED WEB SERVICES (b) (6) Enhanced Web Services - Signature-Fonts.com				7. FROM (Requisitioning office, Name, Symbol, Location and Telephone Number) PRESIDENTIAL TRANSITION SUPPORT TEAM WASHINGTON, DC 20405							
8. FOR INFORMATION CALL (Name and Telephone Number) Cheryl D Williams (b) (6) cheryl.d.williams@gsa.gov				9. RECEIVING OFFICE (Name, Symbol and Telephone Number) OUTGOING TRANSITION TEAM WASHINGTON, DC 20405							
10. ACCOUNTING CLASSIFICATION				11. SHIP TO (Address, ZIP Code and Telephone Number)							
FUND		ORG. CODE		B/A CODE		O/C CODE					
FUNC CODE		C/E CODE		PROJ/POS. NO.		CC-A					
W/ITEM		CC-B		PRT/CRFT -BLDG NUMBER-		12. CONTRACT NUMBER					
ITEM NO. FORM OR STOCK NUMBER (13)		DESCRIPTIONS OF ARTICLES OR SERVICES (14)		QUAN-TITY (15)		UNIT OF ISSUE (16)		UNIT PRICE (17)		AMOUNT (18)	
		Font services: DJT FONT		1		ea		\$(b) (4)		\$(b) (4)	
		Font service: MT FONT		1		ea		\$(b) (4)		\$(b) (4)	
IF ADDITIONAL SPACE IS REQUIRED, USE GSA FROM 49A, REQUISITION/PROCUREMENT REQUEST				19. TOTAL AMOUNT INCLUDING CONTINUATION				▶ \$59.90			
20a. TYPED NAME AND TITLE OF FUND CERTIFYING OFFICIAL				21a. TYPED NAME OR REQUISITIONER CHERYL D. WILLIAMS							
20b. SIGNATURE		DATE		21b. SIGNATURE CHERYL WILLIAMS				<small>Digitally signed by Cheryl D. Williams DN: cn=Cheryl D. Williams, o=U.S. Government, ou=Department of the Interior, email=cheryl.d.williams@gsa.gov, c=US</small>		DATE	
22. LIST ATTACHMENTS				23a. TYPED NAME OF APPROVING OFFICIAL							
				23b. SIGNATURE				DATE			
				24. SHIPPED BY <input type="checkbox"/> FREIGHT <input type="checkbox"/> PARCEL POST <input type="checkbox"/> EXPRESS <input type="checkbox"/> MAIL							
				25. FILLED BY				26. PACKED BY		27. CHECKED BY	
				28. BILL OF LADING NUMBER				29. DATE SHIPPED			

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